

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519197

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4		3				
5		3				
6		3				
7		3				
8		0				
9	1					
10		1				
11						
12						
13		4				
14		0				
15		0				
16		0				
17		0				
18		0				
19		0				
20	1					
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32	1					
33	1					
34						
35						
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48						
49						
50						
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						